M	13300	KI DI	VI;	ION OF HEA	LITH — STAND	ARD CE	KIIFICATE C	F DEATH		-62-04	45379
DO NOT WRITE	AMEN	DED	I	egistration District No	317 Prim	nary Registration	District No. 500	Registrar's No.	33/8	STATE FIL	E NUMBER
ON THIS STUB			- -	. PLACE OF DEATH	DEC <u>8 195% </u>			1 2. USUAL RESIDEN	ICE (Where decease	d lived. If institut	ion: Residence before
vs 300	الما	1 1	•	a. COUNTY St	. Louis			a. STATE MISSOURDI COUNTY ST LA admission)			
Rev. 4/59	AMENDED		l –		rporate limits, give TOWNS	SHIP only)	Length of stay in 1b	c. CITY		<u> </u>	Inside Limits
				OR	rmandy	,	6 Days	<pre>II OR</pre>	t. Louis		Yes ENO
14031		11	 		NOT in hospital, give locat	tion)	Inside Limite	d. STREET		side, give location)	Reside on Farm
	DATE		ŀ	HOSPITAL OR	rmandy Osteop		Yes P No [ADDRESS 9417 Page Blvd.			Yes No
24000	<u>à</u>		_	140	Tinandy Os teop	A CITTO	1	1			
3 2				 NAME OF DECEASED (Type or print) 			Middle	Last	4. DATE OF		ay Year
			١.	(.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Flora		C	Moore	DEATH NO	ovember l	3 , 1 962
4 /			- 3	S. SEX	6. COLOR OR RACE White	7. Married		8. DATE OF BIRTH			YEAR IF UNDER 24 HR
5 ,				Female	wnite	Widowed (2-21-1907	55	1 1	ays Hours Min.
 					(Give kind of work done	10b. KIND OF	BUSINESS OR HIDUSTR		City and state or cou	ntry) 12. CITIZEN	OF WHAT COUNTRY
	<u> </u>		1	Reffinishing ^{ki} s	noes	Interna	tional Shoe	Deeta,	Ill.	US	SA.
7 /	3]			a. FATHER'S NAME			OTHER'S MAIDEN NAM	· -		E OF HUSBAND OR	WIFE
/- 3	<u> </u>		V	Villiam L.	Cain] L ₂	ydia Wilso	n	Vi	rgil Moore	
8 /	2		1:	. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SC	OCIAL SECURITY NO.	17. INFORMANT		Address	
	3 1 1		(3	NO or unknown) (If	yes, give war or dates of	Service		Virgil D.	Moore 11	l Elm E. S	t. Louis, Ill
	ا [=	_	18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY:	line 1			_		INTERVAL BETWEEN ONSET AND DEATH
	ا ایاد	N N		1781 11	IMMEDIATE CAUSE (a)	VOZ	Tricula	こころ	4:1157	cañ.	Sorma
11 5	[DOCUMENT			manipulity ender (s)	- Jane	TITL CIA	7 1 1	, ,	_	
	(19										
ا ما	2 IS 1	1 18		Conditio	ons, if any,) DUE TO (b	Tul	toa Aux	1 culas	lhoo	21/2	7 Navs
1243-2	, [등			which g	ons, if any, DUE TO (beaver rise to)	-		r Fib	hoo	mbis	7 days
13	SIL NST	1 8		which gr above of stating t		-	tna Aux vioschlen		Thomas	mbis Jenusis	7 days
1243-2	SIL NST		NO	which gr above of stating t	ave rise to cause (a), the under- ause last. DUE TO (c	ONDITIONS CO	rio Schlen	osis 9 M	1/2/ S	PART III. If deceas	
13 3	INST		CATION	which gi above of stating t lying co	ave rise to cause (a), the under- ause last. DUE TO (c	ONDITIONS CO	rio Schlen	osis 9 M	1/2/ S	PART III. If decease there a pr	egnancy in last 90 days.
13 3	INST	DQ -	TIFICATION	which go above stating t lying c	ave rise to cause (a), the under- hie under- ause last. DUE TO (c OTHER SIGNIFICANT C disease condition given i	ONDITIONS CO	VIOSCH LEA INTRIBUTING TO DEAT	OSCS 9 M	the terminal F	PART HI. If decease there a pro	egnancy in last 90 days. No Unknown
13 13	INST	DQ	CERTIFICATION	which go above stating t lying c	ave rise to cause (a), the under- ause last. DUE TO (c	ONDITIONS CO	VIOSCH LEA INTRIBUTING TO DEAT	osis 9 M	the terminal F	PART HI. If decease there a pro	egnancy in last 90 days. No Unknown
13	INST	DQ		PART II. 19. WAS AUTOPSY PERFORMED? YES NO	ave rise to cause (a), the under- suse last. DUE TO (c OTHER SIGNIFICANT C disease condition given i	ONDITIONS CO	VIOSCH LEA INTRIBUTING TO DEAT	OSCS 9 M	the terminal F	PART HI. If decease there a pro	egnancy in last 90 days. No Unknown
13 13 NO	INST	Od		19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hour INJURY a.m.	ave rise to cause (a), the under- suse last. DUE TO (c OTHER SIGNIFICANT C disease condition given i	ONDITIONS CO	VIOSCH LEA INTRIBUTING TO DEAT	OSCS 9 M	the terminal F	PART HI. If decease there a pro	egnancy in last 90 days. No Unknown
13 13 NO	INST	Od	MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO 1101 NJURY a.m. p.m.	ave rise to cause (a), the under- suse last. DUE TO (continuous last.)	C) AY LEX ONDITIONS CO IN PART I (a)	205. DESCRIBE HO	H but not related to	the terminal i	PART III. If decease there a pr	egnancy in last 90 days. No Unknown RT II of item 18.)
13 13 NO	INST	00		19. WAS AUTOPSY PERFORMED? YES NO 1101 NJURY a.m. p.m.	ave rise to cause (a), the under- suse last. DUE TO (continuous last.)	C) AY LEX ONDITIONS CO IN PART I (a)	20b. DESCRIBE HO	OSCS 9 M	the terminal i	PART HI. If decease there a pro	egnancy in last 90 days. No Unknown
R INK RIBBON RIBBON	INSTI	00		19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hour INJURY a.m.	ave rise to cause (e), the under- suse last. DUE TO (c disease condition given i 20a. ACCIDENT SUICID Month, Day, Year	ONDITIONS CO	20b. DESCRIBE HO	W INJURY OCCURRED 20f. CITY, TOWN, OR	the terminal f	PART III. If decease there a property of the p	egnancy in last 90 days. No Unknown RT II of item 18.)
R INK RIBBON RIBBON RIBBON	INSTI	00		19. WAS AUTOPSY PERFORMED? YES NO 1101 NJURY a.m. p.m.	Ave rise to cause (a), the under- suse (a), the under- suse last. DUE TO (c disease condition given i 20a. ACCIDENT SUICID Month, Day, Year ED	ONDITIONS CO	20b. DESCRIBE HO	W INJURY OCCURRED 20f. CITY, TOWN, OR	the terminal f (Enter nature of inj LOCATION d last saw her him elive	PART HIL If decease there a property on 11-13-	egnancy in last 90 days. No Unknown RT II of item 18.)
R INK RIBBON RIBBON	READ INSTITUTE OF THE STATE OF	00		19. WAS AUTOPSY PERFORMED? YES NO DINJURY a.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT V	Ave rise to cause (a), the under- und	ONDITIONS CO	20b. DESCRIBE HO	W INJURY OCCURRED 20f. CITY, TOWN, OR	the terminal f (Enter nature of inj LOCATION d last saw her him elive	PART HIL If decease there a property on 11-13-	egnancy in last 90 days. No Unknown RT II of item 18.)
R INK RIBBON RIBBON	READ INSTITUTE OF THE STATE OF			19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF INJURY OCCURE WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WE AT WORK NOT WHILE AT WORK NOT WHILE AT WE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WE AT WORK NOT WHILE AT WE AT WORK NOT WHILE AT WE AT WE AT WE AT WORK NOT WHILE AT WE AT	Ave rise fo cause (a), the under-ause last. DUE TO (continued last) DUE TO (co	ONDITIONS CO	20b. DESCRIBE HO	W INJURY OCCURRED 20f. CITY, TOWN, OR	the terminal f (Enter nature of inj LOCATION d last saw her him elive	PART HIL If decease there a property on 11-13-	egnancy in last 90 days. No Unknown RT II of item 18.)
13 13 NO	INSTI	OF		19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF INJURY OCCURE WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WE AT WORK NOT WHILE AT WORK NOT WHILE AT WE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WE AT WORK NOT WHILE AT WE AT WORK NOT WHILE AT WE AT WE AT WE AT WORK NOT WHILE AT WE AT	Ave rise fo cause (a), the under-ause last. DUE TO (continued last) DUE TO (co	ONDITIONS CO ON PART I (a) E HOMICIDE OF INJURY (e.g. dactory, street, of	20b. DESCRIBE HO	W INJURY OCCURRED 20f. CITY, TOWN, OR 11-13-62 and date stated above, a 22b. ADDRESS	the terminal in the terminal i	PART HIL If decease there a property on 11-13-	egnancy in last 90 days. No Unknown RT II of item 18.) STATE 62 he causes stated.
R INK RIBBON RIBBON RIBBON	SHOULD READ INSTITUTE OF THE SHOULD READ	OF	MEDICAL	19. WAS AUTOPSY PERFORMED? YES NO DESCRIPTION OF HOUR INJURY A.M. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WHILE W	Ave rise fo cause (a), the under- ause last. DUE TO (continued to th	OF INJURY (e.g. street, of 2:35 P.	20b. DESCRIBE HO	W INJURY OCCURRED 20f. CITY, TOWN, OR 11-13-62 and 122b. ADDRESS	the terminal f (Enter nature of inj LOCATION d last saw her him elive	COUNTY con 11-13- y knowledge, from the state of the st	egnency in last 90 days. No Unknown RT II of item 18.) STATE
R INK RIBBON RIBBON RIBBON	SHOULD READ INSTITUTE OF THE SHOULD READ	OF	WEDICAL	19. WAS AUTOPSY PERFORMED? YES NO 1 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT V 21. I attended the dec Death occurred at 1 222. SIGNATURE BURIAL, CREMATION, REMOVAL (Specify)	Ave rise to cause (a), the under- suse (a), the under- suse last. DUE TO (c disease condition given i 20a. ACCIDENT SUICID Month, Day, Year ED 20e. PLACE form, f Ceased from (Deg 23b. DATE	OF INJURY (e.g. actory, street, of 23c. NAME	20b. DESCRIBE HO 20b. DESCRIB	H but not related to W INJURY OCCURRED 201. CITY, TOWN, OR 11-13-62 and the date stated above, a 22b. ADDRESS MATORY 2	the terminal if (Enter nature of inj LOCATION d last saw her him alive and to the best of more and to the dest of more and	COUNTY con 11-13- y knowledge, from the state of the st	egnancy in last 90 days. No Unknown RT II of item 18.) STATE 62 he causes stated. 22c, DATE SIGNED (State)
R INK RIBBON RIBBON RIBBON	NO. SHOULD READ INST		WEDICAL	19. WAS AUTOPSY PERFORMED? YES NO DESCRIPTION OF HOUR INJURY A.M. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WHILE W	Ave rise to cause (a), the under- suse (a), the under- suse last. DUE TO (c disease condition given i 20a. ACCIDENT SUICIDE Month, Day, Year PORK 20e. PLACE farm, f ceased from (Deg 23b. DATE 11-16-62 ADD	OF INJURY (e.g. actory, street, of 2:35 P.	20b. DESCRIBE HO 20b. DESCRIB	H but not related to W INJURY OCCURRED 201. CITY, TOWN, OR 11-13-62 and the date stated above, a 22b. ADDRESS MATORY 2	the terminal in the terminal i	COUNTY Anomalia in the control of the country COUNTY Anomalia in the country in PART I or PAR	egnancy in last 90 days. No Unknown RT II of item 18.) STATE 62 he causes stated. 22c, DATE SIGNED (State)
R INK RIBBON RIBBON RIBBON	SHOULD READ INSTITUTE OF THE SHOULD READ	OF	WEDICAL	19. WAS AUTOPSY PERFORMED? YES NO 1 20c. TIME OF HOUT INJURY A.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT V 21. I attended the dec Death occurred at 22a SIGNATURE 22a SIGNATURE BURIAL, CREMATION, REMOVAI (Specify) THO Val - Auto	Ave rise to cause (a), the under- suse (a), the under- suse last. DUE TO (c disease condition given i 20a. ACCIDENT SUICIDE Month, Day, Year PORK 20e. PLACE farm, f ceased from (Deg 23b. DATE 11-16-62 ADD	OF INJURY (e.g. actory, street, of 2:35 P.	20b. DESCRIBE HO 20b. DESCRIB	H but not related to W INJURY OCCURRED 20f. CITY, TOWN, OR 11-13-62 and the date stated above, a 22b. ADDRESS 22b. ADDRESS 22b. ADDRESS 22b. ADDRESS 22b. ADDRESS 22c. ADDRESS	the terminal in the terminal i	COUNTY con 11-13- y knowledge, from to the total to the total tot	egnancy io last 90 days. No Unknown RT II of item 18.) STATE 62 the causes stated. 22c, DATE SIGNED

STATEMENT BY LICENSED EMBALMER

or by			, Student Embalmer No
working under my p	eersonal supervision.	Signet	Javed 6. Gibson
	Signature of Student Embalmer	<u> </u>	
m ter je	and Same of		P. O. Address S. 10000 :

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

The state of the s

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.